

**REQUEST
FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL**

Address to: Commissioner for Patents Mail Stop RCE P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	09/366,678
	Filing Date	08/04/1999
	First Named Inventor	Bellovin
	Group Art Unit	2665
	Examiner Name	Thien D. Tran
	Attorney Docket No.	113335C

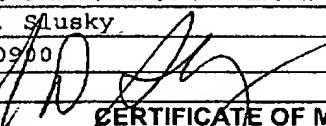
This is a Request for Continued Examination under 37 C. F. R. § 1.114 of the above-identified application.

1) Submission required under 37 C. F. R. § 1.114 a) <input type="checkbox"/> Previously submitted: i) <input type="checkbox"/> Consider the amendment(s) / reply under 37 C. F. R. § 1.116 previously filed on 12/09/02. (Any unentered amendment(s) referred to above will be entered). ii) <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on iii) <input type="checkbox"/> Other	
b) <input checked="" type="checkbox"/> Enclosed: i) <input checked="" type="checkbox"/> Amendment / Reply ii) <input type="checkbox"/> Affidavit(s) / Declaration (s) iii) <input type="checkbox"/> Sheet of Additional Drawing iv) <input checked="" type="checkbox"/> Petition for Extension of Time to Reply v) <input type="checkbox"/> Other	
2) Miscellaneous: a) <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 C. F. R. § 1.103(c) for a period of months. (Period of suspension shall not exceed 3 months. Fee under 37 C. F. R. § 1.17(l) required). b) <input type="checkbox"/> Other	
3) Fees: The RCE Fee under 37 C. F. R. § 1.17(e) is required by 37 C. F. R. § 1.114 when the RCE is filed. a) <input checked="" type="checkbox"/> The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 502,186 i) <input checked="" type="checkbox"/> RCE Fee required under 37 C. F. R. § 1.17(e). ii) <input checked="" type="checkbox"/> Extension of time fee (37 C. F. R. §§ 1.136 and 1.17). iii) <input checked="" type="checkbox"/> Any Other Required Fee.	

CORRESPONDENCE ADDRESS

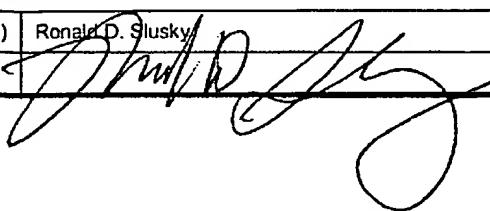
<input type="checkbox"/> Customer Number or Bar Code Label	Customer Number -	<input checked="" type="checkbox"/> Correspondence address below			
NAME	Samuel H. Dworetzky				
ADDRESS	PO Box 4110				
CITY	Middletown	STATE	NJ	ZIP CODE	07748
COUNTRY	USA		FAX		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	Ronald D. Slusky	REG. No.	26585
TELEPHONE	732-249-0900		
SIGNATURE	 DATE 10/02/03		

CERTIFICATE OF MAILING AND TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, with sufficient postage thereon, in an envelope addressed to: Commissioner for Patents, BOX RCE, Washington, D.C. 20231, or facsimile transmitted to the U. S. Patent and Trademark Office on this date: 10/02/2003

Name (Print/Type)	Ronald D. Slusky	Date	10/02/2003
Signature			

PATENT APPLICATION FEE DETERMINATION RECORD
Effective JANUARY, 2003

Application or Docket Number

093666 78

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS			
FOR		NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	28	minus 20=	* <i>RECE</i>
INDEPENDENT CLAIMS	4	minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT			<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2.

SMALL ENTITY
TYPE

OR OTHER THAN
SMALL ENTITY

RATE	Fee	RATE	Fee
BASIC FEE	375.00	BASIC FEE	750.00
X\$ 9=		X\$18=	
X42=		X84=	
+140=		+280=	
TOTAL		TOTAL	

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT #	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 28	Minus	** 46	=
Independent	* 4	Minus	*** 7	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

SMALL ENTITY

OR OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$18=	
X42=		X84=	
+140=		+280=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

AMENDMENT #	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 28	Minus	** 46	=
Independent	* 4	Minus	*** 7	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

AMENDMENT # RATE ADDITIONAL FEE

OR RATE ADDITIONAL FEE

X\$ 9=		X\$18=	
X42=		X84=	
+140=		+280=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

AMENDMENT C RATE ADDITIONAL FEE

OR RATE ADDITIONAL FEE

X\$ 9=		X\$18=	
X42=		X84=	
+140=		+280=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.